



CITY OF WESTMINSTER

FINANCE DEPARTMENT
8200 Westminster Boulevard
Westminster, CA 92683
(714) 898-3311

HANDICAPPED CITIZEN UTILITY USERS TAX EXEMPTION APPLICATION

I hereby claim exemption from utility users taxes imposed by Chapter 3.14 of the Municipal Code and certify that I am handicapped with a disability that substantially impairs one or more major life activities such as seeing, hearing, speaking, walking, working, or learning. The combined gross income of all members of the household is less than \$18,000 per year.

I am providing the following:

1. ☐ A note from my doctor.
or ☐ Sufficient documentation to substantiate my disability status.
2. ☐ Copy of my latest Federal Income Tax Return.
or ☐ Other document to substantiate income.
3. and ☐ Proof of my residency at the service address indicated below.

I understand it is a misdemeanor for people to receive the tax exemption knowing that they do not qualify to be exempt.

NAME _____ DATE _____
(PLEASE PRINT) (LAST) (FIRST)

SIGNATURE _____ SOCIAL SECURITY # _____

SERVICE ADDRESS _____

TYPE OF RESIDENCE Single Family Condominium Mobile Home Apartment Other
(Please circle one)

NUMBER OF PEOPLE LIVING AT THIS ADDRESS _____
(Income certification must be filed for all household residents)

UTILITY ACCOUNT NUMBERS

Cable TV _____
Electricity _____
Gas _____
Telephone # _____
(service provider) _____
Water _____
Cellular _____

FOR CITY USE

Date Received: _____
Approved: Yes No
By: _____

PLEASE RETURN FORM TO CITY OF WESTMINSTER FINANCE DEPARTMENT